Board of Enquiry: Potential Exposure of Canadian Personnel to Contaminated Environment - Croatia 1993 - 1995

PROVISIONAL REPORT 16 DECEMBER

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Transcript of video used to brief troops week of 6 Dec - (Col Sharpe and Maj Lauzon)
Slide presentation on recommendations

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Foreword to the Provisional Report Colonel Joe Sharpe

This report is being submitted in a provisional format due to the unavailability of the final pieces of the soil testing and toxicology analysis that we feel are required to achieve complete certainty on the assessment of the impact of the potential contaminated soil in Croatia. While we have complete confidence in the methodology and results that are reported, the independent review of the methodology and the health impacts of the detected levels of inorganic compounds, specifically arsenic, that slightly exceed the guidelines, is important to lay this issue to rest. Accordingly, the final report will await the completion of these activities, expected before the end of January 2000. There may be minor modifications to the body of the report if further evidence requires that.

It is clear that the original mandate of the Board has expanded considerably in this report. While the original concern with the health impact of the potentially contaminated environment in Croatia, specifically Sector South, remains a major focus, the concern for the overall welfare of CF members deployed on peacekeeping type of operations drove the Board to consider a much broader range of issues.

The recommendations in this report are based on our investigation of events that occurred largely between 1993 and 1995. We have extrapolated our recommendations to cover future operations. In many cases, significant progress has been made in the intervening time period to rectify the problems that were identified through the internal "lessons learned" process.

The open and transparent nature of this Board as directed in the Terms of reference, allowed us to establish a high level of confidence with the soldiers in the field. In the course of our many visits, meetings and individual discussions with CF members a number of issues arose that, while important to the CF are peripheral to our mandate. These "Observations" will be included in the final report to allow the CF to take advantage of the knowledge gained by the Board members as we investigated this matter. They are intended to be informative rather than to recommend specific action.

A number of useful lessons were learned by the Board in the conduct of this investigation. For example, the use of the Internet to communicate our activities to the field and the public created a high degree of awareness and trust with both the media and the soldiers.

The level and degree of support this Board received from numerous organisations was outstanding. Similarly, the chain of command has consistently supported our activities in situ and in the field. Without this support our job would have been much more difficult.

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Executive Summary

The Board's Focus

The Croatia Board of Inquiry was called to investigate whether Canadian soldiers who served as peacekeepers in Croatia over a span of three years were exposed to environmental toxins. Our terms of reference did not, however, limit us to this singular issue.

Given the flexibility to report on other relevant matters, the Board examined a broad range of subjects that influence the health and welfare of Canadian soldiers. As a result, many of our findings and recommendations address matters relating to the support and care provided to Canadian Forces members.

Research and Testimony

The soldiers who took part in OPERATION HARMONY, as the Canadian portion of the United Nations peacekeeping mission in Croatia was called, were, of course, our main interest. Over a period of about 18 months, soldiers from three different Regular Force infantry battalions, augmented heavily by Reservists, and a number of other Canadian military members served in an area called Sector South.

During the fall of 1999, we listened to testimony from more than 90 witnesses, commissioned studies on topics as diverse as Combat Stress and Command and Control, and collected and analyzed thousands of documents, including battalion War Diaries. We also employed a systems thinking and dynamic modelling firm to show us how and why various factors affect the physical and mental fitness of service members on a peacekeeping mission.

The Board made plans to visit Croatia, but cancelled them after the Croatian government refused us entry. Although we missed the opportunity to "walk the ground", we are confident in the quality of this report.

Reports of Illness

As the inquiry unfolded, a perplexing picture emerged. While the majority of veterans of Op HARMONY enjoy excellent health today, a large number show similar signs of illness with no obvious cause. Yet, they were not all exposed to the same physical environment. This evidence led the Board to consider whether more complex causes than environmental contamination contributed to the health problems.

Soldiers from many rank levels came to Ottawa to testify about their service in Croatia. Most of them told compelling stories. Some described, in frank detail, the effect of grievous injuries on their lives and livelihoods and the frustrations encountered trying to get proper care and compensation from an unresponsive system.

Many who are suffering chose not to come forward officially for fear of exposing their health problems and risking release under the 'Universality of Service' rule. This rule requires that every member of the Canadian Forces be fit for deployment.

The number of informal contacts we made on field visits, or through calls to the Department of National Defence (DND) and Veterans Affairs Canada (VAC) Center for the Support of Injured and Retired Members and Their Families (commonly known as "The Centre"), convinced us that this is a serious concern. Moreover, we are certain that fear of disclosure hindered our attempts to collect accurate information on the wellbeing of Op HARMONY veterans.

The illnesses reported go far beyond what can be expected to result from environmental contamination. This suggests that the symptoms suffered by many Op HARMONY veterans are due to other causes.

Environmental Contamination Results

Based on the evidence presented, we were unable to conclude with certainty that exposure to the "red dirt" of southern Croatia and other suspected contaminants was the specific cause of the illnesses. Perhaps some form of water-borne, air-borne or transient contamination was responsible. It is doubtful that the cause will ever be identified for certain. In the interests of preventing contamination during future missions, we recommend that the Canadian Forces take measures to better protect deployed personnel by improving environmental reconnaissance and monitoring for all missions.

The fact remains however, that Canadian soldiers went to Croatia healthy and came back sick, or became sick after they returned. In our view, they are sick as a result of their service, and regardless of the nature or specific causes of their illnesses, Canada has an obligation to provide for their support and care.

Stress

Our belief that service in Croatia caused Canadian soldiers to become sick prompted us to consider what aspects of a modern peacekeeping mission could contribute to health problems.

We wanted to identify the factors in order to:

- Understand what caused the illnesses
- Recommend measures to ensure appropriate treatment
- Prevent a recurrence in the future

Stress quickly emerged as an issue as we listened to soldiers recall the events of their missions. They recounted desperate efforts to build defensive structures in Sector South, frequent shelling and small arms fire, the constant threats posed by landmines, the horror of recovering the bodies of victims of ethnic cleansing and weeks of living and operating in desperate circumstances without a break.

The Board also invited several experts in the field of stress-induced illnesses to testify. They explained that stress is cumulative and that long-term exposure to stress can cause people to develop physical symptoms. They also told us that statistics available today show that the effects of combat stress are predictable.

The experts described combat stress reaction, not as a new phenomenon, but as a very old one. Combat stress reaction has been documented among veterans of

conflict in other military forces of other generations. For example, records show that for over 300 years soldiers have reported a mysterious range of physical symptoms, bearing a significant similarity to what we are seeing today.

This testimony led us to identify stress as a major cause of the illnesses reported among soldiers who served in Sector South. Given the intensity and ferocity of modern conflict, it is essential to recognise and address the effects of exposure to stress. To improve conditions of employment, the Board recommends the Canadian Forces:

- Establish a greater interval between deployments that takes into account the increased tempo of peacekeeping operations
- Determine how many peacekeepers can be sustained safely within the current force structure and adhere to that number
- Deploy stress debriefing teams with units committed to peacekeeping operations

Modern Peacekeeping Operations

Once we established stress as a major cause of illness, we weighed the aspects of Op HARMONY that may have combined to create high stress levels among the soldiers.

The nature of peacekeeping has changed since it began as a distinct military activity shortly after the end of the Second World War. In the Cold War era, the "classic" peacekeeping mission placed a neutral force between two potential or former belligerents. Generally a cease-fire preceded the deployment.

As regional conflicts began to flare following the collapse of communism, the concept of peacekeeping expanded to include peace restoring and humanitarian aid operations. Long-held military assumptions quickly became irrelevant as mission conditions changed.

Op HARMONY is a good example. Many of the soldiers who served in Croatia were experienced peacekeepers. Yet few, if any, had faced conditions elsewhere that compared to Sector South.

Veterans of Op HARMONY experienced a pace and intensity of operations unknown to Canadian soldiers since the Korean War. Many of them lived under constant combat conditions in Sector South. They were frequently caught in the crossfire between the warring Croats and Serbs. Sometimes, they themselves became targets as one or the other belligerent directed fire on Canadian positions.

They suffered hardships due to a shortage of defensive stores and basic amenities. They received slow, begrudging responses to their environmental concerns. They witnessed terrible atrocities. Nothing in their training could adequately prepare them for the sights and conditions they had to mentally endure.

At the strategic level, the organisational direction received by the Canadian Forces deployed in the Balkan theatre often differed from both Canadian doctrine and the commander's estimate. The mission also changed with unnerving frequency, and information flow back to national authorities was often slow and inaccurate.

As regional conflicts continue to flare and grow in intensity, we believe there will be more deployments similar to Op HARMONY. Therefore, Canada must establish more rigorous criteria for committing Canadian Forces to peacekeeping operations.

Canadian Forces doctrine, a compilation of what works best, should be deviated from only after careful thought. We also believe that the size and structure of deployed forces should be based on the operational requirement rather than imposed manpower ceilings.

The United Nations

As the Board heard, the United Nations relies heavily on the Canadian Forces to help manage conflict around the world. Over the years, Canadian troops have developed a reputation as effective and capable peacekeepers. It is likely that the United Nations will continue to call upon Canada to contribute peacekeepers as new crises emerge. And, due to the excellence of Canadian troops, it is likely they will be assigned the most dangerous and difficult tasks.

Although the United Nations assumes the responsibility to provide essential support when Canadian troops are committed to its command, accountability always rests with Canada. On a number of occasions during Op HARMONY, the United Nations failed to provide timely support and services. At various points, Canadian peacekeepers operated without adequate clean water, defensive stores, personal protective equipment and advanced surgical support.

Canadian Forces personnel should never be committed to combat or near combat operations without essential equipment, support and services. If the United Nations cannot deliver to our standards, then the Government of Canada through the Department of National Defence and the Canadian Forces chain of command must be prepared to respond - immediately and without reservation. We believe that Canadians expect no less consideration for those who are placed in harm's way on their behalf. Therefore, we recommend that:

- Canada remains accountable to provide material and services even if another organisation, such as the United Nations, is responsible for an operation
- Personnel receive a full complement of equipment before they deploy overseas
- Surgical teams accompany our forces in high-risk theatres if those supplied by other coalition nations fall short of Canadian standards

Post-deployment Issues

Unfortunately, the lack of support for the peacekeepers that served in Croatia from 1993 to 1995 did not end with their return to Canada. The soldiers of Op HARMONY came home at a time when the Canadian military was undergoing a major reduction in both size and resources. Traditional support structures were not available, inadequate or simply unresponsive to the needs of many of these new veterans.

We were appalled to hear of the frustrations and humiliating treatment experienced by injured soldiers. Too many of them ran into difficulty trying to get the care, consideration and compensation they deserve.

When military members leave Canada healthy and return injured, they must be afforded proper support and care. No matter what the nature of their injuries, that care should be provided in a way that preserves the dignity of the individual.

The treatment received by many of the injured that came to our attention has been, at best, arbitrary and certainly inadequate. The situation faced by these soldiers is a disgrace and cannot be allowed to continue.

Through Op HARMONY and other missions, the Department of National Defence and the Canadian Forces are creating a large and growing number of casualties. This situation is occurring as a direct result of operations carried out to fulfil the Government of Canada's direction. With appropriate help, many of them can regain their health and continue their military careers, or move on to productive civilian lives.

Canada is responsible for providing proper support and care to those injured in military service. The Department of National Defence, the Canadian Forces and Veterans Affairs Canada are accountable to Canadians for discharging that responsibility.

As we prepare this report, steps are being taken to improve services for injured Canadian Forces members. However, we must be vigilant to ensure that the veterans of modern operations receive the support and care they deserve.

The Board also considered the negative effect that casualties exert on operational capability. Clearly, it is in the best interest of the Canadian Forces to prevent, or at least minimise, the number and severity of casualties. The knowledge that proper care is available to the injured will also help to restore the confidence of serving members.

To improve support and care, we recommend action be taken to provide the following:

- More detailed medical examinations before and after deployments
- Better information sharing among the Canadian Forces, Veterans Affairs Canada and Service Income Security Insurance Plan (SISIP)
- Reduce the gap between the end of military service and the start of pension benefits

The Reserves

Reservists, drawn from Militia units across Canada, made up a significant number of the peacekeepers on Op HARMONY. We heard high praise for these soldiers. We also heard that Reservists lack access to many of the post-deployment services offered to their Regular Force comrades. In terms of services and administration, the 'system' has yet to recognise the wider and more frequent employment of the Reserves.

We considered the level of care afforded Regular Force members unacceptable. By that measure, the care provided to Reservists is dismal. To address this disparity, we recommend that the same quality of support and care apply to both Regular Force and Reserve members during and after release.

Recognition

Recognising the courage and commitment of the soldiers who participated in Op HARMONY will help the injured heal. Even today, many Canadians are unaware of what the peacekeepers accomplished in Croatia, or the terrible conditions they endured. Acknowledgement from both the nation and the Canadian Forces will validate their efforts and the sacrifices they made trying to bring peace and order to a very troubled part of the world.

We believe that both the personnel of 2 PPCLI Battalion Group and the 1 R22eR

Battalion Group that served in Sector South should receive the proposed "Commander-in-Chief's Commendation" in recognition of their exemplary service. These two battalion groups were the recipients of the United Nations Force Commander's commendation, a rare honour not publicly acknowledged by the Department.

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Part 1: Introduction

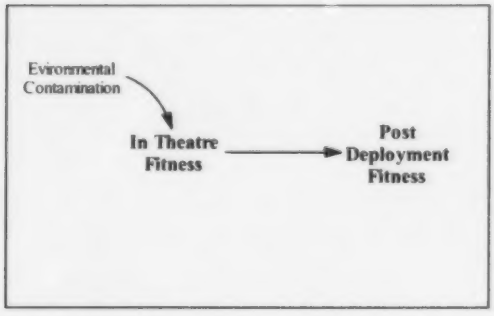
The Board of Inquiry – Croatia was called in August 1999 to:

> *"investigate whether Canadian Forces (CF) members serving in the Canadian Contingent United Nations Protection Force (CC UNPROFOR) and assigned to the area of operations commonly referred to as "Sector South" during the period 1993 to 1995, were exposed to environmental contaminants in quantities sufficient enough to pose a health hazard during the course of their duties[1]."*

The Terms of Reference defined a number of deliverables expected of the Board. It also clarified that these specific requirements were not intended to limit the scope of the Board's work. In fact, the Board was further invited to make findings and recommendations on any other relevant matter arising from its inquiry.

This provisional report takes full advantage of the scope accorded the Board. Our report includes an examination, at a high level, of the powerful forces and influences arising from the subject mission that not only affected veterans of the Croatian theatre of operations but may well affect the sustainability of future CF peacekeeping operations.

From the beginning, the Board focussed its efforts on gaining an understanding of the effects on the health and well being of CF members resulting from their participation in Op HARMONY. The proper care of our people became the issue of primary importance.



Throughout the inquiry process, media and public attention centred on the potential for environmental contamination from industrial sources, nuclear, biological and/or chemical agents that may have been present in the Croatian theatre of operations. This is entirely understandable given that the media has sensitized the public, including CF members, to the deteriorating environmental conditions exposed in former Warsaw Pact countries following the fall of communism.

We hoped to find an identifiable cause in the bauxite or"red dirt" of southern Croatia. We did not. The Board will find, subject to confirmation after independent toxicological testing, that the levels of identified contaminants in the Croatian theatre of operations were, by themselves, insufficient to explain the adverse health consequences experienced by veterans of Op HARMONY.

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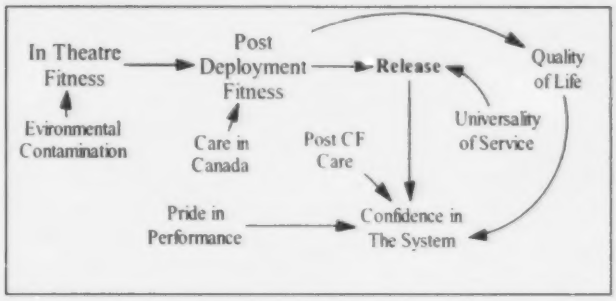
[1] Caines, LGen V. M., ADM (HR-Mil), Terms of Reference -Board of Inquiry Potential Exposure of Canadian Forces Personnel to Contaminated Environment – Croatia 1993-1995., 16 August 1999.

However, this is far from the whole story. The Board believes that the difficulties experienced by veterans of Op HARMONY, and potentially other missions, result from a complex web of physical and psychological stressors, built up over a prolonged period of time. Many of these stressors continue to express their influence for years following deployment, often persisting beyond the point of release from the CF. They are part of a System integral to both the CF and its members.

Early in its work, the Board recognized a need for direct input from and involvement with the soldiers who had served in Croatia. Consequently, we travelled across Canada, meeting separately with the media and the soldiers. The media sessions were designed to explain the Board's mandate and gain the trust of the public. It allowed us to reach the soldiers we could not contact by other means. The meetings with soldiers allowed us to gather information and to demonstrate that we were serious in our investigation of the difficulties experienced by veterans of Croatia.



The intensity of the reactions expressed by the soldiers surprised us at first. Many were angry, almost hostile, about the treatment they, and their fellow veterans, had received. The messages they communicated were laced with heavy dose of cynicism. Most doubted that anyone in Ottawa was truly concerned about their welfare.

We listened intently to the stories of those who met with us. But, we also sensed that other veterans were reluctant to come forward. After some time, we realized that the predominant underlying emotion was fear.

Soldiers are acutely aware that any admission of persistent medical or psychological problems can end a career under the Universality of Service rules. Furthermore, soldiers who admit illness risk being stigmatized within their own units, especially if their problems have no recognized medical cause.

By exercising patience and persistence, we developed a process that was open, transparent, caring and sincere. Over the course of many sessions, we watched the attitudes of soldiers change, at least provisionally, to accept that the Board's work might actually make a difference to their collective situation.

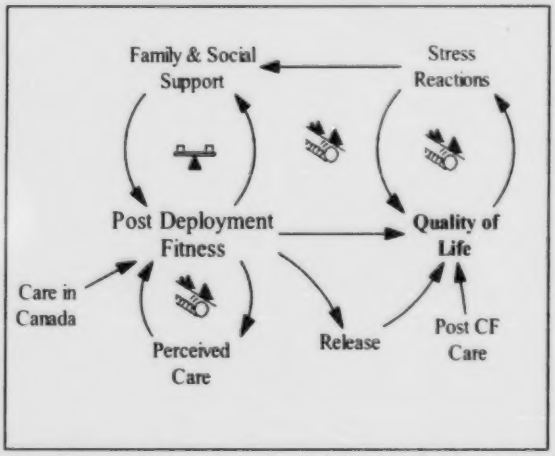
The two most defining inputs the Board received expressed alienation and conflict. Both active and former CF members described a sense of abandonment by "The System" and an erosion of the commitment to shared values between the CF leadership

and its members. As Sullivan[2] explains; *"Shared values express the essence of an organization. They bind expectations, provide* ***alignment, and establish a foundation for transformation and growth."***

The Board believes that these feelings are a source of significant stress in the lives of CF members. All stressors result from conflict. In this case, the conflict stems from the contrast between the intense pride in achievement that veterans feel when remembering their service and the lack of recognition, respect and care they received from the nation in return. This stress is exacerbated, in many cases, by psychological and physical illness and the impact of such problems on the quality of life for both themselves and their families.

The hesitation among veterans to come forward with mental and/or physical health concerns may prevent us from realizing the full extent to which peacekeeping duty has affected CF members. It will be difficult to draw an accurate picture of the effect on Reservist, for example, since most of them dispersed across the country following deployment.

In addition, the current systems used to track the deployment experiences of CF personnel and maintain medical records contain information that is incomplete and largely out of date. The Board has made recommendations to address these shortcomings. This is only one instance where the Board has uncovered problems that are invisible to most scrutiny, persistent and largely understated.



In cases where the Board can provide direct input or indirect observations, we have identified a number of influences that have the potential to affect CF peacekeeping veterans. In garrison, family and social services are generally available to support members who suffer a decline in fitness level. However, to be of value members must be able to maintain close contact with these services. Extended or frequent separation from such care during the post-deployment readjustment period can increase tensions and stress levels and lead to further complications.

CF members are protected from overseas rotations for a year after returning to Canada. But once back in Canada, re-deployed members frequently leave home for training, exercises and other missions. There is a need to consider individual

[2] **Sullivan, Gordon R. and Michael V. Harper, Hope is not a Method: What Business Leaders can learn from America's Army, Broadway Books, 1997.**

circumstances to maintain a proper balance among support needs, CF work requirements and development and career activities.

A potentially harmful set of influences may come into play as a member's health and quality of life either continues to decline or resists improvement. Unresolved frustration often leads to stress-induced reactions such as physical violence, substance abuse and related behaviours. Such incidents can easily become self-reinforcing as health and quality of life decline still further. (This spiralling effect is marked as a snowball rolling down a hill). Generally, such effects are also reversible if levels of fitness and quality of life begin to improve. In such cases, abnormal reactions often decline significantly. In any case, stress-induced incidents can also affect the level of family and social support (and their subsequent consequences).

Again, the sources of stress from changing fitness conditions result from conflict. In this case, the conflict occurs when the actual care a member receives differs from the care the individual perceives is warranted or required. Members will only feel well served if this gap is non-existent or declining. Although subjective, stress induced through this process can be a very powerful determinant of an individual's ability to cope with health issues.

As documented in this inquiry, health care professionals and researchers are only beginning to understand the medical and psychological basis of many conditions experienced by veterans of active military duty. In many cases, proven intervention strategies either do not exist or are not widely practised. In the extreme, the health care system available to CF members, including insurance and compensation coverage, may even deny the existence of health conditions that are not codified in current procedure sources.

Encouragingly, the Board heard testimony indicating positive signs of progress on many fronts. Medical progress, for example, offers reason for hope. Yet, recognition of the reality and the appropriateness of both treatment and compensation available to suffering CF members remain a pressing concern. Immediate action is also needed to improve administrative processes of the relevant health care and benefit plan agencies.

Many of the most critical and disturbing inputs received by the Board have centred on the bureaucratic and often dehumanizing processes involved in securing post-CF benefits following release. The establishment of The Centre for the Care of the Injured and Their Families, which provides information and guidance on such matters, is a useful first initiative. However, the level of counselling and related support still falls short of the needs of newly released members. Many are left alone to wrestle with a large and complex system. Steps must be taken to make it easier for people in difficulty to get administrative and healthcare assistance.

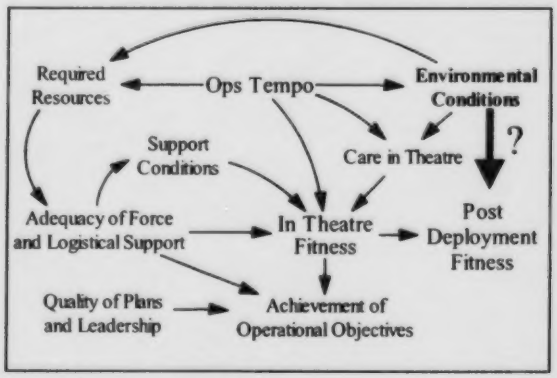
To address this need, the Board recommends the introduction of a "Fit for Release" program. Such a program would provide a seamless financial, health care and administrative transition to civilian life for members who are no longer able to serve

productively in their current occupations. In the same vein, Universality of Service principles, which are undergoing change now, should be modified further to allow injured CF members to serve in selected occupations, if their condition, skills and experience make continued employment possible.

The above recommendations address the current realities that needful CF members face. However, they do little to assist injured veterans in the longer term. Once the paperwork is done, former members have to live with their pensions, disability compensation and other health care benefits for the rest of their lives. Introducing change in this area is a daunting challenge since governing policies, eligibility criteria and levels of guaranteed support are often embedded in legislation (e.g. The National Defence Act and the Pension Act), or in complex insurance contracts and policies.

The Board advocates a comprehensive review and modernization, to at least current Canadian industry standards, of all relevant pension, compensation and benefit plans applicable to CF members, including cost sharing arrangements and competitively-based outsourcing where appropriate. To do less would be a disservice to the men and women who proudly and proficiently served their country in times of need. Accomplishing these tasks will be a lengthy and detailed process that demands the commitment of senior leadership in the Canadian Forces, Department of National Defence and Veterans Affairs Canada.

The foregoing has introduced the views of the Board on the conditions affecting current and former CF members in the post-deployment phase of peacekeeping operations. This is both natural and appropriate, as these are the realities "on the ground" facing veterans of the Croatian operation right now. But these conditions resulted, in aggregate, from CF member experiences in Croatia between 1993 and 1995.



The Board has attempted to determine if exposure to environmental contaminants played a role in the post-deployment fitness conditions that we observe today. While the formal, independent analysis that will answer this question is not yet available, the Board has made a number of observations and recommendations dealing with the in-theatre and pre-deployment phases of Canadian Forces participation in peacekeeping operations.

We recognize that environmental conditions in theatre, as they exist and evolve, are beyond the direct control of occupying CF units. It is clear that poor or deteriorating environmental conditions call for dedicated resources, both in terms of personnel and logistical support. Some requirements can be anticipated through improved pre-

deployment reconnaissance and planning co-ordination. However, both the logistics supply chain and personnel augmentation processes must be capable of rapid response as circumstances change. Conducting verification audits of current practices, for example, would ensure that environmental response capabilities are available and appropriate to meet the need.

Ops tempo, or the pace and intensity of the operations, is a principal factor governing peacekeeping operations. Here, CF members are always at risk since the level of ops tempo is dictated externally by the actions and responses of the belligerent factions. To a lesser extent, the strategies and tactics of the sponsoring agency (in the case of Croatia, the UN and UNPROFOR) also exert an influence on ops tempo.

Several of the actions that occurred in Croatia were described as the most intense military activity experienced by the CF since the Korean War. The lesson for the military and the Canadian public alike is that the character of peacekeeping has changed dramatically since the days of Cyprus and the Golan Heights. The ability to sustain peacekeeping operations under such conditions will likely require higher levels of force commitment and more rapid rotations, leading to a diminished capacity to undertake simultaneous missions in different theatres. The Board recommends a thorough reassessment of total CF peacekeeping capability under these new global conditions.

An intensifying level of operations places additional stress on in-theatre health care needs. When the bullets are flying preventive health care rapidly falls to a low priority. At the same time, the need for quick reaction care of the injured and advanced surgical capability increases. The Board recommends in particular that Canada assumes national level accountability to ensure that in-theatre health care capacity is provided to Canadian standards.

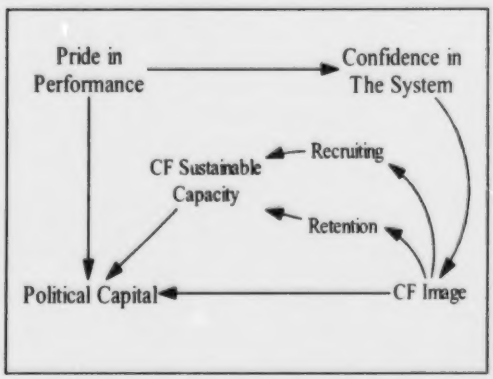
The Board has also made a number of recommendations for improvements to planning processes and for improved co-ordination between various elements of the J Staff. In general these recommendations reflect lessons learned during the work of the Board. A recurring theme in these recommendations is the need for Canada to assume accountability for the timely provision of critical resources needed by peacekeepers in theatre. Canadian peacekeepers must be adequately supported even in circumstances where the formal responsibility officially lies with the mission sponsor (e.g. the UN). Ultimately, the Canadian position on such matters should also be reflected in pre-assignment negotiations with sponsoring agencies to ensure that funding arrangements are fair and equitable.

Adequacy of Force and Logistical Support
Achievement of Operational Objectives
Quality of Plans and Leadership
Pride in Performance
Political Capital

Canada's excellent track record of performance in peacekeeping operations justifiably leads to a sense of individual and national pride in our contribution to a safer and more peaceful world.

This is the same sense of achievement that also contributes to the frustration of CF members when it is contrasted with the manner in which some have been treated when they returned home sick. It is a powerful force and can work in a variety of ways.

One result of excellent performance is the accumulation of Political Capital over time. Within Canada the CF uses this influence to ensure that adequate resources of all kinds are made available to sustain performance. It can also contribute to the establishment of high quality strategic and tactical planning and to maintaining the influence of CF leaders in national decision-making. Since this is a self-reinforcing cycle it can also be eroded by the inability to sustain performance at expected high levels.



Political Capital is also affected by the public image of the CF, driven at least in part, by member perceptions of the CF. These, in turn, reflect the confidence CF members have in the system they are part of. Over time these perceptions diffuse into the public sphere through word of mouth and the powerful influence of the media. When confidence erodes it is ultimately reflected in a decreasing public image of the CF. This process takes time to develop and an equally long time to recover

The Board is concerned about the long-term consequences of eroding member confidence in the CF as an attractive and fair employer. Many of the Board's recommendations have, at their core, a desire to sustain and improve the generally excellent international public reputation that the CF has worked so hard to build.

The Board senses that a pervasive and growing lack of confidence within the CF will make it increasingly difficult to retain high quality talent, people in whom the CF has already made a substantial investment. Such talent is irreplaceable in the short term and very expensive to recreate in the longer term. Recognizing the expected and continuing limitations on purely financial compensation as a reason for staying the CF must work very hard to bolster the non-financial benefits of continuing to serve in order to stem the potential erosion of capacity through early departures.

The CF, like all people-based organizations is in a constant state of self-renewal. It is necessary to continually replace those who do leave with the best and the brightest young people available in the relevant labour market. The choice of the CF as a good organization to join and in which to build a career is influenced by many factors but among those is the public image of the CF. Most young people are eager to join a winning team with high standards, a track record of success and a reputation for fair treatment of employees.

If the image of the CF goes down, as may result from a growing lack of confidence among current and former members, the CF can still recruit but it may fail to attract a uniformly high standard of new applicants from which to choose. It is the flip side of the retention equation.

Together, the abilities to effectively retain and recruit are essential to the maintenance of CF sustainable capacity.

Global experiences since the fall of the Berlin Wall suggests that the demise of communism has not made the world a safer place. In many respects it has become more dangerous as small factions have discovered new opportunities to pursue long-repressed political ambitions. The case of resurgent violence in the Balkans is but one example.

The need for sustainable peacekeeping capacity will continue long into the new millennium. Canada can play an important leadership role on a global scale if it can find ways to mend the hurts and reorient a transformation of the CF towards the means to carry out this vital mission.

The Board of Inquiry – Croatia believes that such a transformation is within our grasp and this report identifies the direction we must follow to achieve it.

Mission

By our terms of reference there are many things we must do. First and foremost is to conduct an investigation as detailed below:

> *"...to investigate whether Canadian Forces members serving in the Canadian Contingent United Nations Protection Force and assigned to the area of operations commonly referred to as "Sector South" during the period 1993 to 1995, were exposed to environmental contaminants in quantities sufficient enough to pose a health hazard during the course of their duties."*

Execution

> *"...the BOI shall gather all relevant information including the findings of any previous investigations or studies including but not limited to the formal environmental assessment directed by the Deputy Chief of the Defence Staff."*

The Board was fortunate in being allocated the support it requested and needed. About a quarter million pieces of documentation have been assembled and analyzed by a team of intelligence operators. For the most part, the Op HARMONY war diaries were reviewed to give us the background we needed to ensure that all evidence required for the Board's mandate would be gathered.

Tasks

The terms of reference directs that we do many things. Foremost is the general requirement that:

"The BOI shall ... produce a comprehensive environmental assessment of suspected contaminated sites with respect to soil, mine tailings, and air and water sources at sites occupied by ... personnel serving in "Sector South"..."

A comprehensive environmental assessment of suspected contaminated sites occupied by CF personnel has been done. Of the 65 locations that were determined to have been contaminated, it was found that 7 locations were actually mobile observation posts, and as such, were not included. Of the 58 sites, access to 10 was denied because of the high mine threat in the area. Of the remaining 48 sites, three were inspected but had no material that was clearly Canadian in nature. In summary, 45 sites were investigated and surveyed (radiological) yielding a total of 79 soil samples and 5 samples of other material. The analytical parameters for the analyses were based on persistent chemicals and metals; and, the radiological testing.

There was no air and water sampling done, because contamination of air and water is spatially and temporally heterogeneous; basically air conditions in 1993 and air conditions in 1999 are orders of magnitude different. As far as surface water is concerned, there were no locations that were immediately in the vicinity of surface water. Groundwater moves and flows and is just not representative of any conditions that are historical.

Direct Tasks

There are six specific tasks that the Board must do to accomplish its mission, including:

"identify all sites in "Sector South" occupied by CC UNPROFOR personnel which contain or contained at the relevant time contaminants in quantities or levels of concentration sufficient to pose a health hazard"

All sites, cross-referenced by unit, have been identified. Unfortunately, because of the delay in completing the toxicological assessment this task has not been completed. The report should be available by end January 2000.

Another task is that:

> "*with respect to each contaminated site, identify each contaminant including an assessment of the health hazards associated with each contaminant at the level or levels identified*"

The soil samples taken in August 1999, have been examined. An assessment of health hazards associated with each contaminant is now under review. The toxicological investigation will compare any exceedances with Canadian Council of Ministers of Environment (CCME) Soil Quality Guidelines for residential/parkland for non-threshold contaminants to determine possible human health concerns. When received, the report will look like this:

SITE	CONTAMINANT	LEVEL	HEALTH HAZARD

The third task is that:

> "*with respect to each contaminated site, identify who, if anyone from the CF, was at risk of exposure or potential to hazardous levels with respect to each site and each contaminant*"

Because we know who occupied which sites, and when, this report can be made once the toxicology assessment is completed and it will look like this:

HAZARD	SITE	PERSONNEL

The fourth task is to detail:

"*how exposure or potential exposure to contaminants was assessed, recorded and documented, and what protective measures were taken in-theatre to address any health and safety concerns identified*"

Evidence has been received from witnesses and this part of the report is now complete. In fact, only water was thoroughly examined in Croatia. However, in 1995 the soil samples were taken in a specific area but results were never published due to the loss of the samples. In essence only water conditions were properly assessed and documented.

CONTAMINANT	ASSESSMENT	RECORDED	PROTECTION TAKEN

The fifth task is to identify

"*the requirement for any additional or corrective measures to address any recognized deficiency in the administration of service records related to the deployments in "Sector South" in Croatia during the period 1993-1995*"

This aspect of our terms of reference has been incorporated into our list of recommendations. In point form they include:

SERVICE RECORDS	
DEFICIENCY	CORRECTIVE MEASURE
Inaccurate Data Base	Institute Op ENTERPRISE NOW for both Regular and Reserve components
Lack of Control	J1 Coord to know where all CF personnel are located overseas
Incomplete Records	All war diaries to include nominal rolls, and include personnel on Temporary Duty / attached posting and visitors
Incomplete Records	CF contingent headquarters to write war diaries and to include nominal rolls, and include personnel on Temporary Duty / attached posting and visitors

The last task the Board must complete is to identify:

> *"what measures are required for incorporation in the planning and preparation phase for future deployments to improve procedures for the early detection and documentation of environmental hazards, and in that regard, protection of CF members serving in the area of operations"*

The Board has identified a number of recommendations relevant to this task and described in detail further in this report. However the most relevant one is the implementation of the Environmental Health Policy and Procedures for Deployed Operations. This policy will outline the procedures to be followed by CF units when conducting deployed operations in order to protect human health and the environment.

Implied Tasks

Lastly, our terms of reference gave us quite a bit of latitude as can be seen in this quote.

> *"In addition, the BOI may make findings and recommendations* ***on <u>any other relevant matter arising from its inquiry</u>****."*

From that last quote we have inferred that we have this last task.

IMPLIED TASK:

> *The BOI shall gather evidence and make findings and recommendations in respect of our members' well being and the Canadian Forces ability to execute peacetime tasks*

And consequently we have broken it down into three major areas:

- identify how personnel and forces can be better **employed**
- identify how personnel and forces can be better **protected**
- identify how personnel and forces can be better **sustained**

In short, the Board recognizes that our service members will continue to be deployed on peace support operations but that there are areas where their employment can be improved. Similarly, once sent overseas there are areas the Board believes that they can be better protected from physical threats and conditions, while at the same time the organizational and physical support to our troops can be improved.

Part 2: Summary of Evidence

Major Findings

In its almost five months of existence the Board has heard from 90 witnesses, received briefings from experts and conducted research by examining documents and reports. Many things were noted – not all bad – and in keeping with our implied task it was decided to divide these findings into three categories:

- Employment findings
- Protection findings
- Sustainment findings

An annex to the Final Report will contain a detailed matrix that links evidence, findings and recommendations.

Employment - General

The Board heard testimonies from commanders and their staff that had served in Croatia. At the same time, the Board ordered that studies be conducted by Mr. Angus M. Brown on the process of committal of Canadian Forces to peace support operations and command, control and intelligence in peace support operations with a focus on Op HARMONY. As a result of testimonies and studies the Board has several concerns with regard to the deployment of CF troops on Op HARMONY and believes that the nature and problems of this deployment are contributing factors to the health problems faced by some CF members.

The Committal of Canadian Forces

Canadians confer responsibility on a democratically elected government to call upon the armed forces to execute tasks. Due to the serious nature of military operations, the decision to employ the Canadian Forces to carry out national policy must never be made lightly.

Military units are designed to fight, or support those who do. The possibility of injury or death is ever present during military operations. Service personnel understand and accept this liability. At the same time, however, they expect a high degree of responsibility on the part of those who make the decisions that may put them in harm's way.

Within DND and other departments, staff will consider a number of criteria before recommending the commitment of troops to peace support operations. These criteria serve as guidelines. This allows the government flexibility to exercise latitude in decision-making because the circumstances surrounding the deployment of troops to such

missions may vary substantially. While this approach appears reasonable, one must remember that the margin for error can narrow dramatically when considering the consequences of action in a highly charged military environment. Poor policy decisions may become, literally, a matter of life and death for troops operating in a foreign battle zone.

UNPROFOR 1992-1995: The Criteria

In terms of military planning, the deployment of CF troops to UNPROFOR I and II failed to meet at least two major criteria:

- The mandate was not clearly defined
- Resources

Mandate

At the UN level, successive UN resolutions were contradictory and ambiguous in delineating the mandate of the UN force. As well, the UN did not provide sufficient troops to the UN Force Commander to allow him to carry out tasks given to him. Expectations kept rising as diplomats passed resolution after resolution for action without allocating adequate additional resources. In military terms, "mission creep" became a problem. Regardless, the Canadian government did commit troops to UNPROFOR and appears to have never seriously considered revoking this commitment.

Once troops were in Croatia, the situation grew more serious. Belligerents failed to honour cease-fire arrangements. Normal political control in parts of the Balkans broke down and armed paramilitaries and former military units co-operated with UNPROFOR erratically. The UN force proved too weak to meet the expectations set for it. Service in UNPROFOR exposed troops to greater risk and to more intense operations than experienced in previous UN missions.

Resources

Domestically, the results of constant reductions to the CF and increases in tasking took a toll. Time at home for troops between rotations was cut, in many cases, well below the desirable policy of 12 months between tours. Normal and tour-specific individual, unit and collective training also bit deeper into home tour time. Morale and unit cohesion suffered as individuals were shifted from one tasking to another to make up the next units ready to depart. These downstream personnel effects were either known to, or should have been estimated by, the planners.

In this new era of more "muscular" peacekeeping, when UN or other intermediary forces are interposed between ill-disposed, ill-disciplined and poorly commanded protagonists, the risk level has risen dramatically. Configured by limits typical of a more benign form of peacekeeping, units are pressed to conduct a proper military response.

Personnel shortages frequently occurred as a result of budgetary restrictions, both UN and domestic. Capping the number of troops in theatre at any given time was a typical solution to control finances. This often forced units to reorganise so that maximum force numbers were not exceeded. Unfortunately, these emasculated units were incapable of responding to any risk expansion or emergency situation. In some cases, they may not have had the proper specialists included in their integral support elements.

To compensate for an overall lack of troops in UNPROFOR, Canadian units were split up to perform various independent tasks. These units and the resultant sub-units (already under strength) became over-extended for long periods. While this approach works as long as the situation remains relatively calm and static, the inherent resiliency and mutual support of a battalion-sized unit is lacking in periods of high activity.

Under operational conditions the consequences of splitting and over-stretching army units are immediate and often debilitating. In the short term, tactical efficiency is degraded, which may, in turn, lead to weaknesses that a belligerent can exploit. More importantly, in the long term, the operational tempo must deteriorate or, conversely, if it remains the same, the unit members will have to work harder and longer. The result is debilitating stress and the eventual degradation of the unit's most valuable combat asset – its people. To deploy under strength is to expose troops to elevated combat risks, or to excessive stress, or to possible undetected environmental hazards, -- conditions which were found in Croatia.

Canadian troops were so stretched that the workload and danger imposed unacceptable levels of stress. Support resources in which the troops had confidence (i.e., Canadian resources) were insufficient. Specifically, there were not enough preventive medical technicians, psychologists or stress incident counsellors. In addition, other support items (medical and water supplies, for example) were often in short supply.

The Effects on Decision-making

Personnel shortages stemming from budgetary restrictions often forced organizational changes to the units involved and a lack of proper command relationships. In Croatia, this situation led to:

- Ad hoc command relationships and unit structures
- Compromises that affected decision-making
- Battalion groups with minimal staffs and contingent headquarters deployed with almost no staffs

In effect, battalion group commanders did not have the facilities (nor should they normally have been expected) to carry out any but the most basic activities. There was little or no intelligence processing capability, no command staff exclusively dedicated to

monitoring and assisting the battle group, and no time in which to exercise proper command at any level above the battle group.

As previously stated, in the classic and relatively static world of traditional peacekeeping, these problems would not have been serious. However, as peace support operations became more and more demanding, the old methods proved inadequate. In hindsight, the staff of the early 1990s was not aware of the shift that occurred toward higher risk and active operations within UNPROFOR and, thus, deployed the traditional low-key organisation of command and staff into the former Yugoslavia.

Because the contingent commanders lacked staff, intelligence processing upward and downward was inadequate or unavailable for both the battalion group and National Defence Headquarters (NDHQ). For the most part, unit level intelligence did not operate well. There were some discrepancies between the raw data reported by the battalion groups and the situation reports received in NDHQ. Ottawa staff at times was not always aware of any urgency, leading to misunderstandings of the gravity of the situation. This reflected a lack of a proper objective intelligence assessment process at any intermediate level.

The faulty picture that emerged in Ottawa of the situation in which the Canadian battle groups found themselves resulted from factors that included:

- A mediocre and emasculated battle group intelligence capability
- A lack of intermediate processing capacity
- An incomplete understanding by NDHQ staff about the prevailing operational conditions

Evidence of this lack of situational awareness appears in the testimony of successive battle group commanders. For instance, while performing pre-deployment reconnaissance, most were surprised by the in-theatre operational condition they found and accordingly, they had to make last-minute changes to their unit training to improve their preparedness.

Conclusion

Throughout the Balkans, and in UNPROFOR especially, the nature of peacekeeping changed. Canadian troops were exposed for extended periods to dangers not normally associated with previous peacekeeping situations. However, while the environment changed, CF organizations and doctrine did not. Suddenly, soldiers found that they were not facing organized military units ready for cease fire arrangements, but rather "…bandits, drunks, criminals and child soldiers…." to quote Major General Alain Forand.

The frontline troops found themselves pulled in different directions, over-extended and without a clear picture of the situation. This placed them in grave danger, and it was only through good leadership and training at all levels that more extreme consequences did not ensue.

Employment Findings

The following findings are a reflection of the most important concerns documented through testimonies, studies and research of War Diaries and NDHQ files. The Croatia Board of Inquiry singles out these findings since they may have an impact on Canadian Forces soldiers' health.

We received evidence that modifications and expansions to UNPROFOR I and II mandates were not adequately assessed for their impact on the mission by all level of command. The Board of Inquiry is concerned that frontline troops found themselves being pulled in a number of different directions, over-extended and without a clear picture of their mission.

The Croatia Board of Inquiry received evidence that although a number of Department of National Defence estimates acknowledge the problem of providing troops, at no time did military advice reach the government that it would be inadvisable to send the CF to UNPROFOR. Furthermore, the Board heard evidence indicating that the Government criteria for the committal of Canadian Forces are merely guidelines and not an immutable checklist. The Croatia Board of Inquiry is concerned that the criteria may not provide an adequate short and long-term impact assessment on Department of National Defence human resources.

We also received evidence that imposed personnel ceilings have placed commanders in the position of having to tailor less than optimal organizations for service in areas of risk. Numerical deficiencies were often the result of budgetary restrictions on the number of troops that the UN or Canada placed on the peace support force or the national contribution to it. The Board is concerned that force structures for peace support operations are not always a reflection of operational requirements but of imposed financial and resource limitations.

The Croatia Board of Inquiry is concerned after receiving evidence that battalion group and contingent headquarters were deployed with "Situational Awareness" deficiencies. As such, there was little or no intelligence processing capability and very little hard assessment of intelligence was done. Consequently, Department of National Defence staffs sometime had an incomplete understanding of the prevailing conditions on the ground. Furthermore, there were also problems in the receipt of information by the troops on the ground, leaving commanders with little or no information about the overall situation in their area of responsibilities.

We are also concerned that military doctrine is sporadically applied and easily overridden without accountability.

The Board of Inquiry received evidence that units were ill equipped to deal with critical incident stress disorder (CISD) during and after deployments on peace support operations. We are concerned that stress debriefing was not perceived as a vital element to peace support operations.

The Croatia Board of Inquiry is concerned that one entity (J Staff) was responsible for both strategic and operational planning; causing a *de facto* conflict of interest within the planning process.

Protection Findings

The Board considered Protection to cover physical, occupational health and safety and environment issues and concerns. The Board has identified the following categories under which Protection findings fall into:

Protection (1) – Lack of Analysis Capability

The Board learned from testimony that there was no formal process to properly assess and analyze data to allay fears of possible contamination and effects on CF personnel. The concerns at the time in Sector South were the potential presence of Polychlorinated Piphenyls (PCBs) and bauxite (used to fill sandbags). These concerns and later, allegations were never confirmed or fully investigated with adequate closure. With proper policies, specifically the draft Director General Environment (DGE) ***Environmental Health Policy and Procedures for Deployed Operations***, this issue would be resolved. The aim of this policy is to outline the procedures to be followed by CF units when conducting deployed operations in order to protect human health and the environment. This policy will include input from the Surgeon General branch, Nuclear Safety and J3 NBC.

The primary reason for considering the state of the environment prior to executing deployed operations is to protect human health. During deployed operations, CF personnel may be required to move to locations where the state of the environment is not fully understood, Prior to executing such moves, a proper reconnaissance should be conducted to evaluate the risks posed by the existing environment on human health. The evaluation should consider different elements of contamination in different exposure media including air, water, and soil. The studies should be conducted in the vicinity of the proposed site as well as the surrounding geographical region and recommendations should be made regarding appropriate mitigation measures to limit environmental exposure. Without proper reconnaissance, testing, and analysis, this situation could result in soldiers being exposed to environmental contaminants of concern.

Protection (2) – Shortage of Preventative Medical Technicians

During the testimonies the Board learned that more than one P Med Tech must be assigned to each rotation. When the one individual is on leave or otherwise not available

there was no one else assigned to do the job. The conditions on these peacekeeping missions dictated that testing must be done continually to prevent CF members becoming ill. The P Med Techs tested water for bacteria, inspected the kitchens and living quarters for health hazards, protected against communicable diseases and for general hygiene conditions of the personnel.

The Board learned during testimony that the proper equipment and trained staff was not available to investigate environmental concerns raised by Peacekeepers in the field. The P Med Techs were only TQ5 trained. The TQ5 level did not prepare them to deal with occupational health issues such as contaminated soil, noise and air quality. The Board learned that the provision of proper testing equipment and training would alleviate concerns in the field.

Protection (3) – The Guarantee of Potable Water

From the testimony the Board learned that the quality of the water was of paramount importance. There were many revelations regarding the lack of water, both in quantity and quality. Even being supplied with bottled water, it was found that the supply was also contaminated. Personnel had been consuming this infected water for one month before it was tested and were not immediately able to get a new supplier. In addition, from the testimony of the P Med Techs, it was learned that they could not test for chemical contamination or any other environmental concerns pertaining to water. In some instances water from questionable sources was used for bathing and for cooking.

The Board learned that, where water quality is an issue, a ROWPU (Reverse Osmosis Water Purification Unit) would ensure the quality of water from both a bacterial and chemical point of view.

Protection (4) – Lack of a Single Lead Agency For Environmental Issues

The Board learned from the testimony that there was no single operational point of contact responsible for all environmental issues (including nuclear, chemical, biological and environmental concerns). Various testimonies supported by exhibits revealed that information or testing may or may not of been gathered, but if testing was done this information did not make its way up the chain of command. As an example, when samples were taken they were eventually misplaced. When samples were sent to Zagreb for testing (done three times), the samples were not received. In addition, when samples were taken at a specific area they were forwarded to Canada but became misplaced before they could be tested. If a single point of contact for all environmental issues and concerns existed protective measures could be passed to the field in a timely manner. The Board learned that DGE was coordinating the completion of the Environmental Policy not a member of the Operational Branch.

Protection (5) – Lack of Consistent Approach to Environmental Issues

The Board learned from the testimony that consistent recce's were not done for all missions. At times different personnel went on different recce's. This was done in some cases because of the restrictions on the number of personnel allotted for the recce's. As a result environmental concerns/issues were not addressed. Environmental risk assessment was not included in operational planning and was not considered. Consistent recce's for all CF operations, according to specific guidelines, would alleviate this concern. It is likely that health concerns could have been allayed and mitigation measures introduced that would have resolved the concerns if consistent policies had been in place; for example the environmental health policy described under Protection 1.

Sustainment Findings

The Board defined the ability to "Sustain Forces" to be: to prevent from collapsing, to support, to maintain; to preserve the operational effectiveness and readiness of the Canadian Forces.

The Board has identified the following categories under which sustainment findings related to the employment of CF personnel fall into:

- Establishment - Capacity for accommodation
- CF Quality Assignment System
- CF Health System
- CF Individual Training and Education System
- CF Logistics

Establishment and the Capacity for Accommodation

During testimony and visits to Canadian Forces bases, members at all rank levels revealed apprehension and a general sense of fear regarding the application of the Universality of Service Principle, the term commonly used to describe performance-based employment standards. In response to a number of grievances, the Chief of the Defence Staff (CDS) directed A/ADM (HR-Mil) to conduct a comprehensive review of Universality of Service in early 1999. The aim of the review was to recommend a more flexible application of the principle and to find ways to prevent or reduce some of the perceived negative consequences of the policy.

The Board was informed through testimony that the results were presented to Armed Forces Council (AFC) on 19 November. AFC supported and endorsed the review recommendations and approved a draft implementation plan. Under the plan, changes in policy will go into effect in March 2000. The CDS has also directed that establishment of a reasonable timeframe to review in retrospect the files of members released previously under the current standards.

The Board learned that Universality of Service as a policy statement has been more typically known as "the soldier first principle". The concept relates to the liability, or requirement, for CF members to be operationally employable and deployable in addition to meeting the employment requirements of their occupations and the environments in which they work. However, there is no formal definition of Universality of Service although it is applied as policy. The principle's meaning is defined only in the application of the policy. Further, Universality of Service relates to both general CF employment policy and operational employment policy with respect to the range of occupations and rank groups that exist.

During testimony, CF members stated that unless a service member is deployable, the institution considers that he/she cannot make a meaningful contribution to the conduct of operations. As pointed out in the review, "while it is true at the organizational level of analysis that the role of the CF is to defend Canada and Canadian interests by force of arms when necessary, it does not follow, at the individual level of analysis, that every person in the CF must therefore be capable of using armed force for the CF to effectively discharge its mandate."

"Will it affect morale of the troops?" There is a concern that a change in policy will create a double standard among MOC's, the three components, and the rank structure. Statistics indicate that both support and combat MOCs are affected by medical releases to the same extent. So, the CF cannot « dump » people who are not fit for the combat arms into the support.

The members of the Board believe that if the policy is applied rigidly, the troops will know where they stand. However, they also need to know that the system is willing to care for them.

The strict application of the policy reflects the need to maintain operational effectiveness in an organization that has been reduced in size, but faces an increased operational tempo. However, there are human costs involved in applying the principle of Universality of Service. These costs can be measured in terms of the loss to the organization of skilled, experienced people and the personal suffering of individuals following dismissal.

Testimony raised another issue related to the management of accommodation. In the seventies and eighties, the CF did not track the number of personnel who were retained despite restrictions or employment limitations. In the future, by using the human resource management information system to capture this information, Managing Authorities will have the opportunity to review the status of MOCs as part of their annual review process. This will allow the CF managers to determine whether they have reached the limits of accommodation in specific areas and gain a better understanding of the flow and movement of personnel.

The issue here is really that the CF has to tailor its operational employment policy to the requirements of actual operations and its human resource capability, which includes not only the numbers but also the distribution of talent and specialization. This is why the CF needs to look at its operational needs now and into the foreseeable future in order to estimate what is required in terms of deployable and operationally employable personnel by MOC and even by rank, and then look at what is left over in terms of spare capacity.

This brings the issue that when we increase the operational tempo, one could suggest that there is no capacity for accommodation under current circumstances with respect to a smaller Force. On that note, one point was brought up with respect to an MOS Review finding of 6122 Non-Military Essential Positions and the discovery through PeopleSoft that the CF has an average of 6219 personnel, approximately 10% of the CF population, with medical categories that fall short of their MOC specifications. There is this caution, however, that what has previously been identified as a collection of positions that were designated as military non-essential for the purposes of conducting business or achieving the economies in the conduct of military business can't be considered necessarily spare capacity. As operational requirements, such as UN commitments, emerge in time, the resource "bill" will exceed what we actually planned for.

The point was made that at certain rank levels and certain occupations, the likelihood of being operationally employed or operationally deployed for certain of those individuals or subgroups is so low as to say that the requirement is not an actual or a reasonable requirement for those members. Therefore when the CF considers a case, they look at the « total package » of capability that this person represents and then consider, for example, if there is an employment limitation which says this person can't go to an operational theatre or is not operationally deployable. Then ask the next logical question, is it likely, given this person's MOC and rank, that this person would be so employed? If it is not reasonably likely, then we can accommodate that person.

The statutory liability is still there and that is what tailoring the policy to the requirement means. Five years from now if we were to find it necessary to make everybody operationally deployable/ employable, we would change the operational employment policy. But the statutory liability will always be there.

BOI members have finally noted that the enforcement of the universality "checklist" may be imposing a greater reliability check on its members than it does with its equipment. But then, when an incident occurs with the same equipment, greater care is provided to it, and better safety precautions are put in place.

CF Quality Assignment System – the "Fit for Release" Concept.

During BOI testimony, CF members who were injured or showed serious symptoms demonstrated a high level of dissatisfaction over the manner in which their situation was handled by the CF since their return from Op Harmony. Over time, a clear

sense of abandonment and a lack of direction and a lengthy bureaucratic process gave way to immense frustration by most members.

"While CF policy of releasing the unfit from the organization is obviously designed to further the aim of maintaining operational readiness...it has equally obvious negative consequences for the individuals involved. Indeed, the Canadian Government and the CF have established policies and procedures...that are designed to minimize or compensate for such outcomes. While the origins of such measures may be rooted in moral and humanitarian concerns, there are, in the modern era, additional reasons of a utilitarian nature why the care of members who are to be released on medical grounds must be carefully managed. For example,.potential recruits may well reconsider the choice of a physically challenging and potentially hazardous military occupation if it becomes evident to them that an injury or illness may result in the termination of one's career with little or no compensation, or adequate training and preparation for a return to civilian employment. Similarly, serving members are likely to be much less eager to place themselves in harm's way if they perceive that a resulting injury, disability, and release from the CF does not automatically result in immediate and adequate compensation, but often to a lengthy bureaucratic process which places the onus on the member to prove his claim for compensation that may fall short of making up for the dual loss of both career and good health." (Stow Report 1997)

It has become very apparent during testimony that as CF members are becoming ill or injured due to service, that they expect *to be taken care of.* Throughout a member's entire career, he/she will be constantly under the pressure of being "fit" for recruitment, "fit" for training, "fit" for professional development, "fit" for promotion, "fit" for new terms of service, "fit" for advanced training/education, "fit" for assignment & deployments etc. In fact, the CF operational readiness depends upon the physical/mental health and fitness of its members.

When a member is preparing for the last "assignment", the one where the member is in the process of releasing on retirement, on completion of a fixed period of service or on request, the member has to cope normally with numerous administrative procedures, arrange to sell the current residence, purchase a replacement residence and move family and personal belongings. But if the member is released on medical grounds, then depending upon the degree of disability resulting from the medical condition, it was noted that the member may not be in a position to undertake the last steps alone. The BOI believes that due process takes place from within the CF and that the new published procedures including disclosure are fair. However, once the member is released, he is often faced with living on minimal income while waiting for SISIP and VAC applications to be processed. They then find themselves faced with undue financial hardship in the long term due to a large gap in the social safety net.

The social safety net is very complex. Veterans Affairs Canada benefits are limited by the current Pension Act. Service Income Security Insurance Plan (SISIP) is a group insurance plan poorly understood by most CF members. The long-term disability plan requires a period of total disability for which many disabled members do not qualify.

Finally, a lack of understanding of the Canadian Forces Superannuation Act (CFSA) and the disability pension under the Canada Pension Plan compounds this confusing picture. All personal testimonies received by the BOI have confirmed this unacceptable situation. A modernization of the Pension Act and an independent review by subject matter experts of SISIP is certainly long overdue.

Throughout their career, CF members have always been provided with clear directions on all administrative and operational issues. But as members become « vulnerable » once released, testimonies have revealed that DND/CF then act as if those same members have now become "customers" rather than "clients". BOI members believe DND/CF must continue to guide as an "agent" to all members being released, and must ensure that the member will remain on pay strength until such a time the member's departure is conducted in a manner that recognizes the service the member has given to the country.

CF Quality Assignment – Succession Planning

Testimony received by the Board of Inquiry indicated a lack of continuity in the movement of personnel during the pre-deployment and post-deployment phases of all rotations of OP Harmony. Commanding Officers at all levels expressed their concerns with the impact of CF personnel moving in and out of units from all different parts of the country. CF members coming to testify complained of the increased tempo during the pre-deployment training and upon return – career courses, collective training, professional development. This situation may be a result of a lack of flexibility in the CFQAS as a result of the sharp rate of downsizing of the CF over the past decade, and the increase in CF taskings.

CF Quality Assignment – Advanced Surgical Teams (AST)

The Board of Inquiry heard from Commanding Officers and Medical Officers about the lack of surgical support in-theatre. When the Canadian AST was withdrawn, casualties had to be transported a considerable distance by ground. The UN helicopters were not always available and the Croatians did not plow roads in the winter. As a result, it was unlikely that Canadian casualties would receive advanced surgical care within the hour. Combined with the stress of working in a high-risk environment which included de-mining operations and being shelled, this was a cause of great concern for soldiers, medical personnel, and commanders.

CF Individual Training and Education System

Testimony heard by the Board of Inquiry indicated an appalling lack of knowledge about mental illness by CF members at all rank levels. Understandably, most knew little about unusual stress-related illnesses such as post-traumatic stress disorder and functional somatic syndromes. But, many were also unfamiliar with more widely publicized issues such as depression and the strong link between physical and mental

health. It is difficult to say whether CF members are less well informed about mental health matters than civilians are.

There also appears to be a problem with understanding the limitations imposed by physical and mental illness. Sometimes, it is not possible for an individual to contribute to the success of the mission. This lack of understanding has led some COs to override medical limitations advised by the medical officer.

Many soldiers who spoke to us expressed a reluctance to seek treatment from the military medical system. Some reported visiting civilian medical facilities, others admitted they do not seek care at all. Witnesses reported that they avoid using military medical services for three reasons:

- Concerns over the lack of confidentiality – Commanding Officers have the right to access the medical files of personnel under their command on a "need to know basis". In many units, this right appears to be delegated a long way down the chain. This can lead to a loss of privacy. Considering the widespread negative attitudes towards mental illness within the Canadian Forces and the personal nature of many medical conditions, confidentiality concerns are understandable

- The perception that the medical community polices "universality of service" – Military medical staff conduct the periodic health examinations at which time CF members must sign a statement that they meet the universality of service requirement. As a result, the CF medical community is perceived as the policeman for this inflexible process

- The perceived conflict of interest between the doctor's role as advocate for the patient and for the employer – Suspicion is inevitable in a system in which health services personnel have a responsibility to both the member and the employer. The military's reluctance to accommodate individuals with minor physical limitations intensifies this perception.

People join the military with the understanding that the system will take care of them. Many are surprised to discover that the social safety net has gaps. For example:

- Veterans Affairs Canada follows strict requirements for compensation based on the Pension Act

- SISIP compensates only those who are judged to be totally disabled. Service members with partial disabilities are not eligible to payment under SISIP

Second Career Assistance Network (SCAN) seminars are largely aimed at those reaching compulsory retirement age. Consequently, these seminars do not address issues of importance to CF members facing medical release. It would appear that many CF

members are not aware of their entitlements to and the limitations of both Veterans Affairs and SISIP coverage.

The Board noted two areas in which specific education is lacking:

- Preventive Medicine Technician (P Med Tech) training
- Critical Incident Stress Debriefing

The shortage of P Med Techs trained to the 6A level is acute. The Board of Inquiry learned that the current situation is due to the following:

- A general shortage of P Med Techs
- Lack of personnel to provide training
- The decision to require only 5A-qualified P Med Techs on most deployments.

P Med Techs trained to the 6A level are qualified to perform comprehensive assessments of occupational and environmental health hazards. The presence in Croatia of a properly equipped, professionally supported 6A-trained P Med Tech would have prevented much of the present concern about environmental exposure.

To be effective, stress debriefing must be administered as quickly as possible following traumatic incidents. For that reason, the CF requires more personnel trained as critical incident stress debriefers (CISD).

CF Health System

The Board determined that sustainment issues related to the health of Canadian Forces members fall into three categories:

- Health records
- Medical assessment and treatment
- Health monitoring of the Canadian Forces population, which would support disease prevention and health promotion

Health Records

Medical personnel routinely record known health risks such as smoking on patients' charts. However, they do not record details of deployments out of country and traumatic experiences, although these events can lead to unique medical problems, including stress-induced illnesses. This information would be helpful if it was recorded prominently on patients' charts.

Currently, there are no rules or guidelines that denote the type and range of information placed on the medical records of CF members. Although occurrences are rare, environmental exposure to toxins can influence the development of medical problems. During testimony, the Board heard that letters noting possible environmental exposure to toxins were placed on the files of soldiers who served in Croatia. The letters did not confirm whether each individual was, in fact, exposed, the degree to which exposure occurred or what the effects of the exposure were likely to be. Such details are critical to provide guidance for proper care and to avoid undue anxiety among service members.

Veterans seeking compensation often wait long periods of time for assessment by both Veterans Affairs Canada and SISIP. The difficulty in accessing CF medical records contributes significantly to these delays. Many units simply do not have enough personnel to process requests quickly. Moreover, military medical files tend to be larger than those accumulated by civilians because they also contain a record of hospital treatment.

In some instances, the Centre for the Care of the Injured and Their Families has arranged to mail entire files to Veterans Affairs. While this action has helped to shorten the assessment period from 18 months to 18 weeks, the lack of the records could impede treatment at the home unit. A possible solution would be to target resources to home units to allow immediate creation of duplicate records when this need arises.

Medical Assessment and Treatment

The medical assessments administered to peacekeepers prior to and following deployment are similar to the examinations conducted periodically to ensure the health of CF members. Such "routine" examinations offer only limited value in detecting or preventing the sorts of injuries that can occur on overseas missions.

The current assessments may not detect psychological injuries that should be identified before deployment. Nor are they likely to detect the psychological injuries that may be present following deployment. The development of more detailed psychological assessments would help to identify injuries at an earlier stage and decrease their severity.

During testimony, the Board heard many accounts of illness. Some individuals who came forward suffered from well-defined physical conditions. Others had been diagnosed with stress-induced illnesses, some with a severe form, post-traumatic stress disorder (PTSD). A third group reported physical symptoms that continue to elude medical diagnosis. This group remains a long-term diagnostic and treatment challenge.

Concerning this third group, two medical specialists testified who deal with medically unexplained physical symptoms (MUPS). Many syndromes, reported in both the military and civilian world, fall into this category. To investigate and treat them, the physician must rule out serious physical or mental illness and form a "therapeutic alliance" with the

patient. The goal of this alliance is to treat the symptoms rather than endlessly search for a cure.

Unfortunately, the Canadian Forces medical system has difficulty supporting the close doctor-patient relationship that MUPS patients need for reasons that include:

- The current shortage of physicians
- The frequency of both patient and physician postings
- The short-term engagement of many physicians

Providing appropriate care to those with MUPS requires considerable resources and understanding. MUPS patients often display a wide variety of symptoms and show poor response to therapy. This can lead to frustration among health care providers and patients. More education is needed to change the negative attitudes towards MUPS patients that exist in the medical community today.

Health Surveillance and Disease Prevention/Health Promotion

It is very difficult to investigate the health effects of environmental exposure after the issue has received wide media attention. That is one of the lessons learned from the medical studies conducted into "Gulf War Syndrome". The Gulf War studies became biased as people developed and recalled non-specific symptoms in response to suggestions of illness. Experts told the Board that incidents of illness by suggestion are far from unusual.

An assessment of the physical and mental health of CF members on an ongoing basis would achieve the following:

- Identify harmful health trends
- Monitor the success of health promotion programs
- Minimize bias in the investigation of any future health concerns

Forms of surveillance that could be considered include health surveys and electronic health records. Health surveys provide the opportunity to record a wide variety of information such as risk factors, health beliefs, and diagnosed disease. The Canadian Forces Health and Lifestyle Information Survey could be repeated on a regular basis with supplementary assessments of stressors and emphasis on occupational health. This could be compared with the national health survey done of the general Canadian population which is carried out every two years.

An electronic health record could provide quick analysis of the current recorded health status of CF members. Combining the health record with a human resources

database, the Canadian Forces could quickly determine the incidence of recorded disease among identifiable groups e.g. the incidence of cancer among veterans of a specific peacekeeping mission. Various provincial governments are already using electronic diagnostic billing information to assess the prevalence of diseases such as diabetes.

The best health data in the world holds little value unless it can be analyzed and used to prevent disease and promote health. Unfortunately, the Canadian Forces lacks adequate staff in preventive medicine and health promotion areas to monitor and act on health trends. For example, two areas of concern were noted during testimony:

- A survey of CF members who served in Croatia during Roto 2 showed that their rate of depression was higher than that reported in the general population, even before deployment

- The Goss Gilroy Inc. study of Gulf War Veterans found that the CF control population reported a higher prevalence of some conditions such as skin and digestive problems compared to the general Ontario population

The studies cited are cause for some alarm. Members of the CF comprise a screened working population. Therefore, the prevalence of health conditions should be lower than that reported in the population at large. It would appear from testimony however that the CF now has limited ability to act on health problems identified at the population level. Similarly, the capability to respond to occupational and environmental health threats in Canada and during overseas deployments is also restricted.

CF Logistics

Many witnesses testified that basic supplies were often in short supply during the mission in Croatia. In some cases the United Nations was responsible for providing material, in other cases the responsibility remained with the Canadian Forces. Regardless of what organization was responsible, the shortages had the same effect: they became one more stressor in a high-risk environment.

The soldiers of Op HARMONY found themselves caught between the UN's inability to move supplies within a reasonable time and the Canadian military supply system's refusal to provide material because the responsibility rested with the United Nations. On numerous occasions, the battalion on rotation could see the supplies they desperately needed in the UN compound, but they were refused access to them.

Some examples of the shortages are as follows:

- Defensive stores – Although the soldiers of Op HARMONY were shelled and fired on directly, they were unable to obtain sufficient defensive stores, such as sandbags and lumber, to protect themselves

- Water supplies – It took weeks for the preventive medicine technician on Roto 4 to convince the United Nations that the bottled water on distribution was contaminated. The UN reluctantly conducted tests and agreed. Only bacteriological analysis was carried out since both the UN and the battalion lacked the capability to conduct chemical analysis. The use of a reverse osmosis water purification unit (ROWPU) would have negated the risk of chemical contamination. Although the battalion was equipped with a ROWPU, the supply system could not provide the filters needed to run it

- Bomb blast blankets – Armoured personnel carrier drivers needed these because their vehicles did not provide adequate protection against mine explosions

- Blast boots – Engineers conducting de-mining could not get blast boots

- Anti-fragmentation jackets – Soldiers leaving the theatre of operations had to hand over their jackets to those coming in

- Body bags – In what is perhaps the single most bizarre incident of Op HARMONY, the supply system demanded that used body bags be returned to stores from the morgue

Part 3: Recommendations

From the evidence received, and after examination of the findings described above, the following recommendations are submitted.

Recommendations - Employment

For most peace support operations we recognize that there are three distinct phases:

- Pre-deployment: where troops and their equipment marry up to get themselves ready for the mission

- Deployment: or the actual overseas tour of duty

- Re-deployment: the return to Canada

The Board has three major recommendations to make with regards to the "pre-deployment" phase.

- ***First, ensure that all deployed CF contingents and units have the human and technical means to collect, process and analyse intelligence and provide resources to assess pre-deployment environmental threats***

Intelligence must be recognised as an essential element of effective command. NBC and environment threats must be part of the overall threat assessment. During UNPROFOR, there were some serious discrepancies between the raw data being reported by the field units and the situation reports received in NDHQ. This led at times to an incomplete understanding by the NDHQ staff of the prevailing conditions on the ground

As Major-General Forand stated " too much is not done with the excuse that the warring parties would accuse the United Nations of spying".

- ***Second, establish that the size and structure of deployed forces must be based on operational requirements and not imposed manpower ceilings***

The size and the structure of the force to be deployed should respect the operational requirement based on the operational commander's estimate and Canadian Forces' doctrine; not on an imposed troop ceiling.

- ***Third, include integral stress debriefing teams to accompany CF troops through all three phases of unit employment***

Stress debriefing teams must be assigned to missions at the start of each deployment and accompany the unit overseas. The debriefing staff must be seen as one of "us" and should remain with the unit on re-deployment. They must know the soldier's experience(s).

The Board has one recommendation related to the Deployment phase:

- ***approve all changes and variations to mandates by the accountable level of command***

All changes of mandate, or variations within a mandate, must be monitored by the national level to assess overall impact on a contingent commander's mission. The acceptance of a change must a conscious decision and accountable.

This recommendation does not preclude the requirement for giving more latitude to the contingent commander for decision-making concerning the employment of Canadian contingent forces. This may be difficult to accept in a situation like UNPROFOR when many changes or modifications to mandates had political implications. Nevertheless, the trend toward centralised micro-command from Ottawa is unhealthy and has proven to be ineffective. Decentralised command authorities, working within clear general operational direction have consistently been proven to be more successful in war and in peace.

The Board has only one recommendation dealing with Re-deployment:

- ***protect the integrity of units upon their return to Canada***

On return to Canada, members must be provided a breather in which to take stock of their lives and return to normalcy. Accordingly, there should be a 60-90 day period in which members are not sent away on temporary duty for activities such as career courses or incremental taskings. Reservists should remain on strength of the units with whom they deployed overseas.

Recommendations – Protection

The Board has five recommendations related to physical protection, health and safety issues and the environment.

- ***Institute the draft Environmental Health Policy and Procedures for Deployed Operations***

Environmental health policy must be developed and implemented to ensure safety of all CF's members departing on Mission and to minimize all possible risks to health from the various environments.

This policy should guide decision-making once requests for deployment are received.

- ***Ensure that more than one Preventative Medicine Technician is assigned to each rotation. Also, ensure that the proper testing equipment and trained staff to investigate environmental concerns are provided***

One Preventative Medicine Technician is not sufficient to cover all potential aspects of preventative medicine in a battalion group deployed to a mission area; a minimum of three is required. The establishment of a trained staff along with the provision of a complete suite of testing equipment will ensure that all aspects of preventative medicine are adequately carried out.

- ***Where quality of water is an issue have a Reverse Osmosis Water Purification Unit (ROWPU) in place to ensure quality of water from both bacterial and chemical point of view***

Clean water is of paramount importance to the safety and health of personnel. Proper equipment must be supplied after reconnaissance requirements identify the needs prior to deployment

- ***Designate J3 NBC as the lead operational point of contact responsible for all environmental issues and concerns***

With the Department there must be a lead senior level position designated to have control and ensuring all environmental concerns are addressed prior to and throughout a deployment. This includes nuclear, biological, chemical and environmental hazards and concerns.

- ***Conduct consistent reconnaissance for all missions that cover all potential hazards to Canadian Forces personnel and ensure that an "Environmental Risk Assessment" is included in operational planning***

Members of the Forces are in jeopardy if proper reconnaissance and assessments are not covered in all missions. This will set the stage for dealing with all potential threats to health and safety.

Recommendations - Sustainment

The BOI has utilized the following categories related to the employment of CF personnel under which sustainment recommendations will fall:

- Establishment – Capacity for accommodation
- CF Quality Assignment System
- CF Health System
- CF Individual Training and Education System
- Logistics

The Board has one recommendation under Establishment – Capacity for accommodation:

- **Tailor a standard and flexible process for all military occupations to accommodate personnel who can still be gainfully employed.**

The obligation to uphold the operational effectiveness standards in a smaller organization with an increased operational tempo has been a requirement in the past through strict application of the "Universality of Service" principle. However, there is a cost in human terms: the cost to the organization of losing people with skills, abilities, and qualifications that are still of value to the CF, and the cost of personal suffering in dismissing a member.

The members of the Board believe that if the policy is applied rigidly, the troops will know where they stand. However, they also need to know that the system and the processes in place will take care of them.

The perception that the medical community polices "universality of service" is problematic. Military medical staff conduct the periodic health examinations at which time CF members must sign a statement that they meet the universality of service requirement. As a result, the CF medical community is perceived as the policeman for this inflexible process.

BOI members have observed that the enforcement of the universality « checklist » may be imposing a greater reliability check on its members than it does with its equipment. But then, when an incident occurs with the same equipment, greater care is provided to it, and better safety precautions are put in place.

The Board has three recommendations under the CF Quality Assignment System:

- **First, institute a seamless and continuous "Fit for Release" process for all releases – both Regular and Reserve.**

There is a need to provide a seamless continuum of care through the medical treatment, medical review, administrative review, the use of MPHL, and the release process to include activities within the release centers. DND shall act as the agent for the member dealing with insurance/compensation/CPP providers, vocational rehabilitation, and career planning providers. To assist this process, the Board recommends an independent review of all SISIP coverage and practices and the creation of a task force with VAC with a view to modernizing the Pension Act.

Have clear lines of reporting (responsibilities, authorities, procedures, resources) and therefore direct accountability to ADM HR-Mil.

Align authorities with respect to 3A & 3B releases.

Conduct a complete review of all SISIP coverage & practices (to include quality control, selection criteria, identification of CF members needs and expectations) and look into loss of income protection and partial disability policy.

Develop a Life/Career planning process for all CF members.

DND must act as the "agent" for the member during the entire transition.

- **Second, posting and movement of individuals must complement and reinforce the unit's operational cycle.**

- **Third, assign advanced surgical teams in high risk theatres of operation whenever a coalition force fails to meet our standards of Health Services Support.**

In a high risk operational environment it is essential that advanced surgical services be readily available. The equipment and training of a general duty medical officer are not adequate to sustain life indefinitely in cases of severe injury with significant blood loss. The lack of an advanced surgical team in the area of operation was of great concern to soldiers, medical staff and COs. Although there were adequate facilities in Knin, air transport was often not available and the lack of snowclearing would often prevent land evacuation.

The Board has seven sustainment recommendations under the CF Health System:

- **First, urge, where the member consents, the timely sharing of the CF medical file with SISIP and VAC**

There are often length delays in VAC and SISIP assessments due to delays in accessing medical records. Delays are often due to the lack of personnel at the home unit not

having time to copy the medical file. The Centre has shortened this process in cases which have been brought to their attention by having the entire file mailed to VAC. This assists VAC but logically would impede treatment at the home unit. Targeted resources to home units to allow immediate creation of duplicate records may be needed.

- **Second, ensure those people with medically unexplained physical symptoms receive the appropriate treatment**

The BOI heard testimony from two specialists dealing with medically unexplained physical symptoms (MUPS). Investigation and treatment require the ruling out of any physical or mental illness and then the formation of a "therapeutic alliance" with the patient with the goal of treating symptoms. The goal is not cure but symptom control. This relationship between physician and patient cannot be created in the present cf medical system with the present physician shortage and hence frequent taskings to physicians away from base. The resource implications required to increase continuity of care should not be underestimated. There is also a need for medical staff education regarding the care of people with this problem.

- **Third, pre and post deployment medical assessments must address risk factors and signs of stress-induced illness**

Routine medical assessments are of limited value for assessment of fitness for deployment or for assessment of post-deployment status due to the lack of emphasis on psychological fitness. It would be helpful to detect psychological injuries before deployment and identify them earlier post-deployment through focussed assessments.

- **Fourth, conduct periodic health surveys of retired and serving CF members with emphasis on those personnel subject to deployments**

One of the lessons coming out of the medical studies investigating "Gulf War Syndrome" was that it is very difficult to investigate the health effects of environmental exposures after these possible health effects have received media attention. Studies become biased as people develop and recall non-specific symptoms due to anticipated illness.

A Health and Lifestyle Information Survey has been carried out in the past. This survey needs to be supplemented with assessments of stressors and with increased emphasis on occupational health. Direct comparability with health trends in the general Canadian population is needed. The health of the general Canadian population is surveyed every two years.

- **Fifth, if a member has been exposed to contamination, accurate information as to the type, duration, degree of exposure and any related health risks must be placed on the member's file based on clear directions**

There are no clear rules on what may be placed on a medical file at present. Notes of possible environmental exposures without reference to probability of personal exposure or possible outcomes will likely lead to anxiety yet provides no guidance to those providing care.

- **Sixth, create an electronic health record including all CF members and annotate individual medical files to reflect all operational missions undertaken**

An electronic health record will allow quick analysis of current recorded health status on all CF members. In conjunction with a good HR database, the CF could determine within hours if a previous UN tour had a deleterious health outcome. Exposures to traumatic events and deployments out of country are not identified readily on medical charts. As some of these may lead to unique medical problems, these need to be noted prominently in medical charts.

- **Seventh, rebuild preventive medicine / health protection capability within the CF**

This recommendation requires the provision of human and technical resources to create the capabilities to analyze data from surveys and an electronic health record to produce useful health information, to act upon CF personnel health problems identified at the population level, and to respond to occupational and environmental health threats in-theatre and in Canada.

The Board has six recommendations under sustainment pertaining to the CF Individual Training and Education System:

- **First, improve CF and VAC medical staffs' education and awareness regarding mental health issues**

Further education of health care staff regarding mental illness is needed as CF members are reluctant to raise issues of this nature due to concern about career consequences. A higher index of suspicion is required when dealing with military members for this reason.

- **Second, educate commanding officers on their responsibilities and accountabilities for the maintenance of medical confidentiality**

The BOI heard from many people in testimony and on its road trips who had significant misgivings concerning medical confidentiality in the CF. COs have the right to medical information on members under their command on a "need to know" basis. This right cannot be delegated far down the chain of command. This has naturally led to a reluctance to seek treatment within the military medical system.

- **Third, change attitudes and improve procedures across the CF on mental and physical health issues and programmes**

Testimony heard by the BOI indicated an appalling lack of knowledge concerning mental illness by some members of the CF at all ranks. This leads to very destructive attitudes which have on at least one occasion led to suicide by the person affected. Although the "can do" attitude is required to maintain a cohesive fighting unit, there is also the need to understand that illness, whether physical or mental, can make it impossible for a person to contribute to the success of a mission. This education must be mandatory on all leadership courses as these ill-informed attitudes appear to be widespread. This education must begin at the leadership level.

- **Fourth, conduct Second Career Assistance Network seminars so all CF members attend at least one every five years**

Seminars should include but not be restricted to up-to-date DND and VAC services provided in regards to compensation and benefits, disability and life insurance, personnel and casualty support & administration, and loss of income protection. CF members enter the military with the understanding that the system will take care of them. It comes as a great surprise to many to find that there are holes in the social safety net. Although this BOI is recommending that these benefits be re-examined, CF members must be aware of their entitlements and the limitations of these plans.

- **Fifth, ensure adequate personnel, including P Med Tech 6A-qualified, are deployed to address occupational health and safety issues**

The presence in Croatia of a properly equipped, professionally supported 6A-trained P Med Tech would have prevented much of the present concern about environmental exposure.

- **Officers and padres to be Critical Incident Stress Debriefers and train "peer counsellors" at all ranks Sixth, cross-train medical**

Stress debriefing should be administered as soon as possible following traumatic incidents.

The Board had two recommendations under sustainment which involve Logistics:

- **First, Canada will ensure that is is accountable for the provision of materiel in all theatres of operation, even if others are responsible**

Soldiers in Croatia were caught between the UN's inability to move supplies within a reasonable period of time and the Canadian military's supply system's refusal to provide material because the responsibility rested with the UN. These supply shortages were just one additional stressor in this high risk environment.

- **Second, ensure that CF personnel are fully kitted-out in Canada before proceeding overseas**

The trading of anti-frag vests, personnel weapons, helmets, combat jackets at the airport was just one sign of the serious supply problems that continued in-theatre.

Part 4: Longer Term Studies

In reviewing the evidence the Board has made a conscious decision to recommend those actions that can be implemented in the near-term. There are, however, a number of issues that should be examined in the fullness of time. These include:

Addressing simultaneously joint command and control ***issues*** and ***requirements*** from an organizational, procedural and technical perspective

Determining the number of deployed troops that can be *sustained* from the current force structure

Tracking, on a continuous basis, (using survey techniques) the health of all peacekeeping veterans

Developing areas of co-operation with the Royal Canadian Legion, the Army, Navy & Air Force Veterans in Canada, the Canadian Peacekeeping Veterans Association, etc, in support of our peacekeeping veterans.

CONCLUSIONS

This Board has concluded that:

- There is no scientific proof that the soil in Croatia, specifically Sector South, contained contaminants in sufficient quantities to cause serious health hazards to the CF members who served there between 1993 and 1995. However, the Board was unable to rule out environmental contaminants entirely as a possible cause of at least some of the symptoms reported by Canadian veterans of Op HARMONY.

- Many veterans of Op HARMONY suffer from a range of symptoms that result directly from their service in Croatia. It is highly probable that at least some of these symptoms result from the very high level of chronic stress experienced during the operation. With the proper acknowledgement of the relationship between service and symptom, treatment can be provided to alleviate many of the symptoms of illness.

- The system in place to provide care for those suffering from stress-related injury was insufficient following Op HARMONY and continues to be insufficient today. While progress has been made in raising awareness about the health effects associated with service in high intensity operations, much remains to be done.

- Providing proper care for injured soldiers on behalf of Canadians is a shared responsibility. The Department of Veterans Affairs and the Department of National Defence are both responsible and accountable for this issue.

- The Department of National Defence can reduce the frequency and severity of casualties by decreasing the impact of a number of stressors. A scientific study is needed to determine the frequency to which individuals can be subjected safely to high intensity peacekeeping tours. Unnecessary stressors, such as the unavailability of clean water and reliable advanced surgical care, must be minimized.

COLONEL JOE SHARPE - VIDEO SCRIPT (6 DECEMBER) PROVISIONAL FINDINGS AND RECOMMENDATIONS

Good day. And thank you for joining us.

Leading the Croatia Board of Inquiry has been a rewarding experience. It's made me realize, more than ever before, that when the people of Canada ask for a commitment from the men and women of the Canadian Forces, they must honour a commitment in return.

That commitment is to provide proper support and care to the people they send into harm's way in the name of peace and security.

We will release our report very soon. But before it becomes public, we'd like to share our major findings and recommendations with you.

As you know, the board was formed to examine possible adverse effects on the health of a group of Canadian peacekeepers. This group was exposed to the potentially contaminated environment in Croatia. Soldiers who served in an area called Sector South between 1993 and 1995 received special attention.

We listened to testimony from more than 90 witnesses, commissioned numerous studies and reviewed a great deal of information.

And what became clear is that the soldiers who served in Croatia did not receive the support or care they needed and deserved. We learned that people are sick and suffering -- that the system has failed to respond to their needs -- and that people are afraid to admit to illness because they fear it will adversely effect their careers and livelihoods.

It also became clear that this illness went far beyond what could be expected as a result of environmental contamination. So we examined other possible causes.

Before I discuss them, let me mention the environmental concerns. We have been able to rule out exposure to the "red dirt" of southern Croatia and other suspected contaminants as a specific cause of the illnesses. Perhaps some form of water-borne, air-borne or transient contamination is responsible. We will never know for certain.

What we do know is that people went to Croatia healthy and came back sick, or became sick after they returned. They are sick as a result of their service.

To understand why service in Croatia led to devastating results for some, you have to consider the nature of the mission.

Veterans of Operation Harmony told us a compelling story. Service in Croatia was far different from the peacekeeping missions of the past.

The veterans of Op Harmony lived under combat conditions. They suffered extreme hardships. They witnessed terrible atrocities. Nothing in their experience -- nothing in any Canadian soldier's experience since the Korean War -- could prepare them for what they had to endure -- physically or mentally.

During testimony, we heard from experts in the field of stress-induced illness. They told us that people can react to stress by developing physical symptoms. And the longer people are exposed to stress, the more likely they are to suffer such reactions.

We learned about the effects of combat stress, in particular. Combat stress is not a new discovery. Symptoms have been recorded throughout history. Our modern knowledge indicates that combat stress is predictable. Hearing this led us to consider stress as a possible cause of the illnesses reported by veterans of Croatia.

Ensuring the proper care of our soldiers remained our major focus throughout the inquiry. We were appalled to hear of the frustration that injured soldiers face as they try to get the care and compensation they need and deserve. If I am certain of anything today, it is that the current situation is a disgrace.

The Department of National Defence, the Canadian Forces and the Department of Veterans Affairs are responsible and accountable to the people of Canada to care for those injured in service. Many of the recommendations we have made are aimed at improving the level of care. We feel strongly that military members should be treated with dignity and respect, no matter what the nature of their injuries, and we have said so.

During the inquiry, a number of other issues emerged that our report will address. Let me mention a few.

The first is UN service. The United Nations relies heavily on the Canadian Forces to carry out its peacekeeping missions. We draw the most dangerous and difficult tasks, because we are among the best.

Unfortunately, once Canadians are committed to these missions, the support supplied by the UN is not always up to the Canadian standard. We hope our recommendations will lead to changes that will ensure Canadian peacekeepers are

- properly equipped,
- issued the defensive stores and safe water they need, and
- supported medically in theatre.

If the UN can't meet these obligations, then the Canadian Forces must be prepared to step in.

Another issue that emerged is the treatment of Reserves. The Reservists who served in Croatia -- and there were many of them -- displayed great ability. Yet, the systems in place to care for veterans do not meet their needs.

We found the treatment accorded Regular Force veterans unacceptable. By that standard, the treatment of the Reserves is dismal. We've offered recommendations for improvements.

Finally, there is the matter of acknowledging the achievements of the Croatian veterans. Most Canadians have no idea of the remarkable courage and commitment

displayed by the men and women who served in Operation Harmony. And that leaves a very false impression. It appears that what these people did was of little value. Our report will tell the true story and recommend appropriate honours.

In the future, there will be other missions like Operation Harmony. We must prepare for such possibilities. We can begin by improving our policies and procedures to avoid unnecessary casualties and to properly care for those that occur despite our best efforts. To that effect we've made recommendations such as:

- setting a scientifically-based interval between peacekeeping missions for individuals; and
- determining the number of peacekeepers we can safely sustain within our force structure.

The health of our members is not the only thing at stake. Casualties also affect the operational capability of the Canadian Forces. We simply cannot afford the cost.

The Croatia Board of Inquiry has concluded that the Department of National Defence and the Canadian Forces are creating a large and growing number of casualties. These casualties are occurring as a direct result of operations carried out to fulfill the direction of the Government of Canada.

Many of them need not be permanent. With proper care, our injured comrades can regain their health. They can return to service or move on to productive civilian careers.

Yet, from what we have seen and heard, the care offered to those who have suffered serious injuries has been both arbitrary and poor. Ensuring the proper care of our people will do much to restore pride and confidence in the Canadian Forces. Thank you.

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Major François Lauzon - Video transcript (6 December) Soil testing process and results

Colonel Sharpe has asked me to provide you with a bit of information on the environmental investigation which was led in Croatia by myself between the 21st of July and the 8th of August of this year.

This environmental investigation was recommended by me because I didn't think we had sufficient background information to clearly put to rest the allegations of contaminated soil in Croatia.

This investigation was as thorough as it possibly could get considering the mine threat in theatre. The Croatian Mine Action Centre has indicated that there's still approximately 1.5 million mines in theatre. It was important for us to conduct this investigation as thoroughly but also as cautiously as possible.

Members of the team to provide credibility to the site locations were Captain Dave Byers who served on Rotto 2 and Rotto 4, we had Warrant Officer Gingras, Mario Gingras, who served on Rotto 6, we had Major Stéphane Tardif who served on Rotto 3.

Myself and Lieutenant, Naval Lieutenant Chris Nolton provided the environmental expertise. We also had Captain Roger Huron providing radiological expertise conducting radiological surveying in the fields.

During that 10 day investigative period we came back with 76 soil samples. We did not take any air or water samples because of the irrelevance of those 2 mediums considering we're doing an investigation 5 years after the fact which meant that the only thing we could look for are for persistent chemicals, chemicals that would endure the time between the period of 1995, 1993 to today. So it was important for us to only analyse for those chemicals or inorganic substances that could still be found in the soils 5 years after.

Of those 76 samples all the radiological screening that was done in the theatre and also followed up at the Atomic Energy Lab in Chalk River showed no signs of radiation above natural background conditions which meant that there was no elevated amounts of radiation detected either in the field or in any of the soil samples that we came back with.

We also sent the samples and had them analysed by the Defence research establishment in Suffield, experts in chemical warfare agents. They analysed for the presence of any kinds of contamination from chemical warfare agents or their by-products from degradation. They have found no evidence of any chemical warfare agents in any of the soil samples that we came back with.

We also had them all analysed by Philips Services in Montreal who specialize in analysing for energetic materials which means residual from explosives, TNT for example. They found no trace of energetic materials in any of the samples.

We also analysed for about 100 organic substances and 25 inorganic substances. Of all these analysis very few showed any exceedences to Canadian Councils of the Ministers of the Environment guidelines. These guidelines are set to protect human health and we've used the most conservative guidelines which are for residential and parkland use which means the scenarios that we're looking at here for the criterias are scenarios where kids are playing in soil, are eating soil accidentally of course but these are very very conservative criterias and when we compare our results to these criterias we find very few materials that exceed these criterias.

The ones though that did exceed and that required further analysis by a toxicologist are arsenic, vanadium, chromium, which show up in all of the boxide samples because the boxide was indeed the red soil that we found in theatre.

We did find a large pile of boxide which was used to fill many sand bags which was near the quarries near the town of Vobervasch where the aluminum plant, which also has made the news, was also analysed.

We visited the aluminum oxide plant, it was not aluminum smelter, aluminum oxide which is used to produce aluminum was extracted from the boxide on this location. The pile material and the material in the natural vein are identical when we compare the analysis that we came back with and when we look at where we have exceedences to guidelines, these guidelines are again in organic materials which were the arsenic, the vanadium and the chromium occur in the pile and in the natural vein of material. That to me is a clear indication that what we detected in the pile and what we detected in the vein are the same material and they are naturally occurring substances in the environment.

Because they are however slightly higher than these conservatives guidelines set out by the Ministers of the Environment, it's important for us to go to the next step which is a toxicology risk assessment which is going to be led by an independent expert.

Right now we've got a company which will do that assessment for us and hopefully within a month we'll have the results of this risk assessment based on the concentrations we got our of our samples.

We covered the entire AOR from Rotto 2 to Rotto 6 with the people on the team. We're comfortable that of the 58 sites that we could have gained access to, 45 were physically sampled and we did find clear evidence of Canadian material in those locations, either sand bags or hescobastion.

We sampled also natural soil to get a clear indication of the true background conditions in those areas. We did the Medac area, we did the Gospic area, we did the Obervac, Benkovac, Pristeg, Rotaljce.

We're very comfortable with the size of the AOR and the relevance of the sites we visited. I'm also very comfortable with the fact that of all the samples we brought back the only exceedences we found to the guidelines occur naturally in the soils but again it's very important for these concentrations to be reviewed by a toxicologist so we can hopefully give you a clear indication of what the risk is to human health.

Thank you very much.

Microsoft PowerPoint Presentation

12/16/99

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Recommendations

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"...to investigate whether Canadian Forces members serving in the Canadian Contingent United Nations Protection Force and assigned to the area of operations commonly referred to as "Sector South" during the period 1993 to 1995, were exposed to environmental contaminants in quantities sufficient enough to pose a health hazard during the course of their duties."

MISSION

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"...the BOI shall gather all relevant information including the findings of any previous investigations or studies including but not limited to the formal environmental assessment directed by the Deputy Chief of the Defence Staff."

EXECUTION

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"The BOI shall ... produce a comprehensive environmental assessment of suspected contaminated sites with respect to soil, mine tailings, and air and water sources at sites occupied by ... personnel serving in "Sector South"..."

TASK

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"identify all sites in "Sector South" occupied by CC UNPROFOR personnel which contain or contained at the relevant time contaminants in quantities or levels of concentration sufficient to pose a health hazard"

Task: Findings & Recommendations (#1)

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"with respect to each contaminated site, identify each contaminant including an assessment of the health hazards associated with each contaminant at the level or levels identified"

Task: Findings & Recommendations (#2)

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

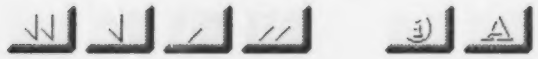
"with respect to each contaminated site, identify who, if anyone from the CF, was at risk of exposure or potential to hazardous levels with respect to each site and each contaminant"

Task: Findings & Recommendations (#3)

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"how exposure or potential exposure to contaminants was assessed, recorded and documented, and what protective measures were taken in-theatre to address any health and safety concerns identified"

Task: Findings & Recommendations (#4)



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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"the requirement for any additional or corrective measure
to address any recognized deficiency
in the administration of service records reLated
to the deployments in "Sector South" in Croatia
during the period 1993-1995"

Task: Findings & Recommendations (#5)

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"the requirement for any additional or corrective measure
to address any recognized deficiency
in the administration of service records reLated
to the deployments in "Sector South" in Croatia
during the period 1993-1995"

Task: Findings & Recommendations (#5)

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"what measures are required for incorporation in the pLanning and preparation phase for future deployments to improve procedures for the early detection and documentation of environmental hazards, and in that regard, protection of CF members serving in the area of operations"

Task: Findings & Recommendations (#6)

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

"In addition, the BOI may make findings and recommendations *on any other relevant matter arising from its inquiry*."

Task: Findings & Recommendations (#7)

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

IMPLIED TASK:

The BOI shall gather evidence and make findings and recommendations in respect of the following matters reLated to our members' well being and the Canadian Forces ability to execute peacetime tasks

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

- identify how personnel and forces can be better **employed**
- identify how personnel and forces can be better **protected**
- identify how personnel and forces can be better **sustained**

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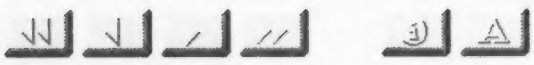
The Croatia Board of Inquiry
La Commission d'enquête - Croatie



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The Croatia Board of Inquiry
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Employ

Pre-deployment

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The Croatia Board of Inquiry
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Employ

Pre-deployment | Deployment

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Employ

Pre-deployment	Deployment	Re-deployment

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Employ

Pre-deployment

Recommendations

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Pre-deployment (1)

- ensure that all deployed CF contingents and units have the human and technical means to collect, process and analyse intelligence
- provide resources to assess pre-deployment environmental threats

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Pre-deployment (2)

- establish that the size and structure of deployed forces must be based on operational requirements and not imposed manpower ceilings

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Pre-deployment (3)

- include integral stress debriefing teams to accompany CF troops through all three phases of unit employment

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Employ

Pre-deployment | Deployment

Recommendations

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Deployment

- approve all changes and variations to mandates by the accountable level of command

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Employ

Pre-deployment | Deployment | Re-deployment

Recommendations

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Re-deployment

- protect the integrity of units upon their return to Canada

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Protection (1)

- institute the draft "***Environmental Health Policy and Procedures for Deployed Operations***"

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Protection (2)

- ensure that more than one P Med Tech is assigned to each rotation
- ensure that the proper testing equipment and trained staff to investigate environmental concerns are provided

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Protection (3)

- where quality of water is an issue have a ROWPU in pLace to ensure quality of water from both bacterial and chemical point of view

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Protection (4)

- designate a single lead (J3 NBC?) as the lead operational point of contact responsible for all environmental issues and concerns

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Protection (5)

- conduct consistent Recce's for all missions that cover all potential hazards to CF personnel
- ensure **Environmental Risk Assessment** is included in operational pLanning

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The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Sustain

to prevent from collapsing, to keep going, to support, to maintain

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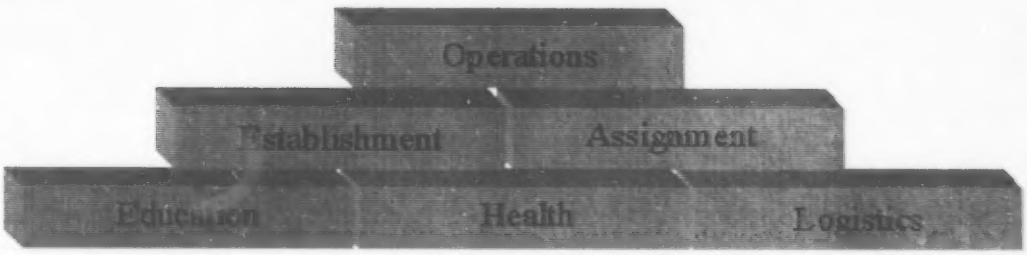
The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Sustain



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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Operations

- establish a single operations centre to address ***ALL*** sustainment issues reLated to deployments

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Establishment

- tailor a standard and flexible process for all military occupations to accommodate personnel who can still be gainfully employed

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Assignment

- institute a seamless and continuous "**Fit for Release**" process for all releases - both ReguLar and Reserve

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Assignment

- posting and movement of individuals must complement and reinforce the unit's operational cycle

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Assignment

- assign advanced surgical teams in high risk theatres of operation whenever a coalition force is unable to meet our standards of health services support

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Education

- improve CF and VAC medical staffs' education and awareness regarding mental health issues

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Education

- educate commanding officers on their responsibilities and accountabilities for the maintenance of medical confidentiality

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Education

- change attitudes and improve procedures across the CF on mental and physical health issues and programmes

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Education

- conduct **Second Career Assistance Network** seminars so **all** CF members attend at least one every five years

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Education

- Ensure adequate personnel, including P Med Tech 6A-qualified, are deployed to address occupational health and safety issues

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Education

- cross-train medical officers and padres to be Critical Incident Stress Debriefers
- train "peer counsellors" at all ranks

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Health

- urge, where the member consents, the timely sharing of the CF medical file with SISIP and VAC

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Health

- ensure those people with medically unexpLained physical symptoms receive the appropriate treatment
- no medical releases until the issue of proper care and pension benefits have been finalized

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Health

- pre and post deployment medical assessments must address risk factors and signs of stress-induced illness

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Health

- conduct periodic health surveys of retired and serving CF members with emphasis on those personnel subject to deployments

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Health

- if a member has been exposed to contamination, accurate information as to the type, duration, degree of exposure and any reLated health risks must be pLaced on the member's file based on clear directions

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Health

- create an electronic health record including all CF members
- annotate individual medical files to reflect all operational missions undertaken

Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Health

- rebuild preventive medicine / health protection capability within the CF

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

Logistics

- Canada will ensure that it is accountable for the provision of materiel in **all** theatres of operations, even if others are responsible

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

- ensure that CF personnel are fully kitted-out in Canada before proceeding overseas

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Recommendations

The Croatia Board of Inquiry
La Commission d'enquête - Croatie

- Study required to determine the number of deployed troops that can be sustained from the current force structure
- Tracking on a continuous basis (using survey techniques) the health of all Pk veterans
- Areas of co-operation with Royal Canadian Legion in support of Pk veterans

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